DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10002669-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Apparatus And Method	I For Iden	tifying A Requested Lev	ei Oi Seivice i oi A	Transaction			
the specification of wh	nich is att	ached hereto unless the	following box is ch	necked:			
	as US Application Serial No. or PCT International Application						
I hereby state that I including the claims	have revi	ewed and understood 1	the contents of th	e above-identified specification, ve. I acknowledge the duty to			
inventor(s) certificate listed	ity benefits below and h	under Title 35. United State	foreign application for	any foreign application(s) for patent or patent or inventor(s) certificate having a			
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119			
N/A				YES: NO:			
				YES: NO:			
Provisional Application I hereby claim the benefit below:				ed States provisional application(s) listed			
	APPI	LICATION SERIAL NUMBER	FILING DATE				
		N/A					
insofar as the subject matt manner provided by the fir information as defined in T	ter of each of st paragraphities 37, Cod	of the claims of this application of Title 35. United States	ion is not disclosed in t Code Section 112, I ac tion 1.56(a) which occ	d States application(s) listed below and, the prior United States application in the knowledge the duty to disclose material urred between the filing date of the prior			
APPLICATION SERIAL NUM	MBER	FILING DATE	STATUS (patented/pending/abandoned)				
N/A							
POWER OF ATTORNEY: As a named inventor, I h business in the Patent and	ereby appoi Trademark (int the following attorney(s) Office connected therewith:	and/or agent(s) to pro	secute this application and transact all			
Customer Number		022879	Place Customer Number Bar Code				
Send Correspondence to: HEWLETT-PACKARD COMPANY Intellectual Property Administration			Label here				
Intellectual Property Ad	OMPANY		Direct Telepho T. Grant Ritz	ne Calls To:			
	OMPANY Iministration		Direct Telepho				
Intellectual Property Ac P.O. Box 272400 Fort Collins, Colorado I hereby declare that made on information the knowledge that v or both, under Section	sompany dministration 80527-2406 all stater and belie willful fals on 1001 o	ments made herein of r	Direct Telepho T. Grant Ritz (970) 898-069 The second se	are true and that all statements these statements were made with nishable by fine or imprisonment that such willful false statements			
Intellectual Property Ac P.O. Box 272400 Fort Collins, Colorado I hereby declare that made on information the knowledge that v or both, under Section	eompany dministration 80527-2400 all stater and belie willful fals on 1001 calidity of t	ments made herein of reference to be true e statements and the list Title 18 of the United the application or any page	Direct Telepho T. Grant Ritz (970) 898-069 The second se	are true and that all statements these statements were made with nishable by fine or imprisonment that such willful false statements			
Intellectual Property Act P.O. Box 272400 Fort Collins, Colorado I hereby declare that made on information the knowledge that wor both, under Section may jeopardize the variable. Full Name of Inventor: R.	all stater and belie willful fals on 1001 calidity of tala	ments made herein of reference to be true e statements and the list Title 18 of the United the application or any page	Direct Telepho T. Grant Ritz (970) 898-069 The series of	are true and that all statements these statements were made with nishable by fine or imprisonment that such willful false statements.			

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10002669-1

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Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 4 joint inventor:			Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 5 inint inventor			Citizenship:	
	:		_ Citizensiiip	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 6 joint inventor	:		Citizenship:_	
Residence:				
Post Office Address:				
Inventor's Signature				
inventor's dignature		Date		
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Full Name of # 7 joint inventor	"		_ Citizenship:_	
Residence:				
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 8 joint inventor	r:		Citizenship:	**************************************
Residence:				
Post Office Address:				
Inventor's Signature				
onto: o vignatule		Date		